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DATE: January 12, 2005

PAGES (INCLUDING COVER): 4

TO: Commissioner for Patents

FAX: 703-872-9306

FROM: Sonali S. Srivastava
Reg. No. 52,248



Please see attached Transmittal Form for the following Patent:

Application No. : 10/711,517
Filing Date : September 23, 2004
Inventor : ABBOTT et al.
Attorney Docket No. : 054030-0066
Entity : Small
Examiner : N/A
Art Unit : 1645

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PTO/SB/21 (09-04)

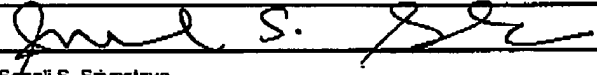
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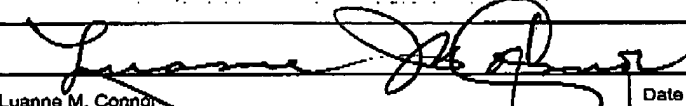
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10711,517
	Filing Date	September 23, 2004
	First Named Inventor	ABBOTT et al.
	Art Unit	1645
	Examiner Name	N/A
	Attorney Docket Number	054030-0066
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Statement Under 37 CFR 3.73(b)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Godfrey & Kahn, S.C.	
Signature		
Printed name	Smell S. Srivastava	
Date	1/12/2005	Reg. No. 52,248

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Luanne M. Condon	Date 1/12/2005

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	10/711,517
Filing Date	September 23, 2004
First Named Inventor	ABBOTT et al.
Title	USING LIQUID CRYSTALS TO DETECT
Art Unit	1645 AFFINITY MICROCONTACT PRINTED BIOMOLECULES
Examiner Name	N/A
Attorney Docket Number	054030-0066

I hereby appoint:

☒ Practitioners associated with the Customer Number:

31096

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

☒ Firm or Individual Name Sonali S. Srivastava, Reg. No. 52,248
Address Godfrey & Kahn, S.C.
780 North Water Street

City Milwaukee State WI Zip 53202

Country USA

Telephone 608-284-2613 Fax 608-257-0609

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Signature	<i>Michael E. Falk</i>	Date	11-4-04
Name	Michael E. Falk	Telephone	608 265-4527
Title and Company	Director of Intellectual Property		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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PD042205

PTO/SB/86 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: ABBOTT et al.Application No./Patent No.: 10/711,517Filed/Issue Date: September 23, 2004Entitled: USING LIQUID CRYSTALS TO DETECT AFFINITY MICROCONTACT PRINTED BIOMOLECULESWisconsin Alumni Research Foundation (WARF)a 501(c)(3) Nonprofit Organization

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

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OR

B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michael E. Falk
Signature

Michael E. Falk

Printed or Typed Name

Director of Intellectual Property

Title

11-4-04
Date
608 263-2500
Telephone Number

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